SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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|----------------------|---|----|----|
| FOR LINE 7 OF FORM 5 | | | |

NAME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Humane Society Legislative Fund 10 01 2014 Mailing Address 2100 L St NW Amount Ste 310 City Zip Code State 143.00 Washington DC 20037-1525 Transaction ID: A74639BD34B2E454CA7C Purpose of Expenditure Office Sought: ★ House Category/ State: Staff Time Type Senate 07 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Ami Bera X Support Check One: Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2014 143.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Humane Society Legislative Fund 10 01 2014 Mailing Address 2100 L St NW Amount Ste 310 City State Zip Code 143.00 Washington DC 20037-1525 Transaction ID: A919A7C9942174C16B67 Purpose of Expenditure Office Sought: CA House Category/ State: Staff Time Type Senate 52 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Scott H. Peters Check One: X Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 143.00 2014 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Humane Society Legislative Fund 2014 10 80 Mailing Address 2100 L St NW Amount Ste 310 State Zip Code City 125.40 DC 20037-1525 Washington Transaction ID: A48B782A577044D71A4E Purpose of Expenditure Office Sought: House Category/ State: Staff Time Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Shelley Moore Capito Check One: X Support Oppose Disbursement For: 2014 Primary General Calendar Year-To-Date Per Election 125.40 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures...... 411.40 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)